

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<p><i>Effective on 12/08/2004.</i>  <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p style="text-align: center;"><b>Complete if Known</b></p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/817,314-Conf. #8869
TOTAL AMOUNT OF PAYMENT		Filing Date	March 26, 2001
(\$)		245.00	First Named Inventor
		Examiner Name	P. K. Nguyen
		Art Unit	2628
		Attorney Docket No.	123593.0106

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 23-2185   
 Deposit Account Name: Blank Rome LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

**Total Claims** 26 - 62 or HP x =            
 **Fee Paid (\$)**            
 **Multiple Dependent Claims**            
 **Fee (\$)**            
 **Fee Paid (\$)**         

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** 6 - 9 or HP x =            
 **Fee Paid (\$)**         

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

         - 100 =          /50 =          (round up to a whole number) x          =         

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month          245.00

<b>SUBMITTED BY</b>			
Signature	/Peter S. Weissman/	Registration No. (Attorney/Agent)	40,220
Name (Print/Type)	Peter S. Weissman	Telephone	(202) 772-5800
		Date	September 30, 2009

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Date: September 30, 2009    Electronic Signature for Peter S. Weissman: /Peter S. Weissman/